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**CONFIRMATION NO. 2200** 

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APPLICANTS									
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This appln cl	laims b	enefit of 60/466,807 04/3 09/883,819 06/18/2001 P			638,846	08/11/200	03 ol	. <i>O</i> C	<u>.                                    </u>
** FOREIGN APPLICATIONS ************************************									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED **  ** SMALL ENTITY **									
Foreign Priority claimed							то	TAL	INDEPENDENT
35 USC 119 (a-d) conditions met  yes po Met after Allowance  COUNTRY DRA						AWING		AIMS	CLAIMS
Verified and Acknowledged Examiner's Signature Initials						13	2	22	4
<b>ADDRESS</b> Neil D. Gershon Rex Medical 1011 High Ridge Ro Stamford, CT06905	<b>i</b> .								
TITLE									
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					☐ 1.16 Fees ( Filing )				
FILING FEE FEES: Authority has been given in Paper						1.17 Fees ( Processing Ext. of time )			
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